



Meningococcal Disease and Vaccination: Frequently Asked Questions

| Question | Answer |
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| What is meningococcal disease? | Meningococcal disease, often referred to as meningitis or meningococemia, is a serious and potentially fatal bacterial infection that most often causes severe swelling of tissues surrounding the brain and spinal cord (meningitis) or a serious blood infection (meningococemia). |
| What causes meningococcal disease? | Meningococcal disease is caused by <i>Neisseria meningitidis</i> bacteria. Five serogroups – A, B, C, Y and W-135 – cause most of the meningococcal disease worldwide. In the U.S., groups B, C and Y are most common among adolescents and young adults. |
| How is meningococcal disease spread? | Meningococcal disease is transmitted through the exchange of respiratory and throat secretions, such as by coughing, sneezing or kissing. It is not spread through casual contact or breathing air where an infected person has been. |
| What are the symptoms? | <p>Early symptoms of meningococcal disease can include sudden onset of fever, headache, body aches and stiff neck, and can be mistaken for flu or other viral infections.</p> <p>Other noticeable symptoms can include nausea or vomiting, fatigue, confusion, sleepiness and sensitivity to light. Some people can develop a rash, which usually appears as dark purple spots on the trunk, arms and/or legs.</p> |
| Can meningococcal disease be prevented? | <p>Vaccination is the best way to prevent meningococcal disease, and studies indicate that the majority of cases are potentially vaccine-preventable. A meningococcal conjugate vaccine is available and is proven to be safe and effective in protecting against four of the five most common groups of meningococcal bacteria (A, C, Y, and W-135). Currently, there is no vaccine in the U.S. to protect against group B.</p> <p>The U.S. Centers for Disease Control and Prevention recommend meningococcal vaccination for all adolescents 11-18 years of age. In addition, immunization is also recommended for the following groups:</p> <ul style="list-style-type: none"> ▪ Anyone with a damaged spleen or whose spleen has been removed ▪ Anyone who has terminal complement component deficiency (an immune system disorder) ▪ Microbiologists who are routinely exposed to <i>Neisseria meningitidis</i> ▪ Military recruits ▪ Anyone exposed to meningitis during an outbreak ▪ Anyone traveling to areas where meningococcal disease is common (e.g., some parts of Africa) |

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| How is meningococcal disease treated after diagnosis? | <p>When bacterial meningitis is suspected, antibiotic treatment typically is administered intravenously and should be given as early as possible in the course of the disease. It is important to note that even with antibiotic medication, there may be serious consequences.</p> <p>Close contacts of an infected person are also recommended to receive antibiotic treatment orally or intramuscularly as a preventative measure.</p> |
| What complications are related to meningococcal disease? | <p>Meningococcal disease is very serious. Even with fast and appropriate treatment, approximately one out of every 10 people infected will die. Among those who survive, approximately 20 percent of cases result in permanent health problems, including brain damage, kidney damage, hearing loss, skin scarring and limb amputations.</p> |
| Why are adolescents and young adults at greater risk for contracting meningococcal disease? | <p>Adolescents and young adults are at increased risk for contracting meningococcal disease due to close contact among large groups for long periods of time.</p> <p>In addition, adolescents and young adults are more likely to engage in lifestyle behaviors that put them at increased risk for meningococcal disease, such as active and passive smoking, sharing utensils, drinking out of the same container, excessive alcohol consumption and irregular sleep.</p> <p>They can maximize their immune response by eating a balanced diet, getting enough sleep and exercise, as well as avoiding cigarettes and alcohol use.</p> |
| Are there different types of meningitis? | <p>Meningitis is difficult to recognize, understand and diagnose. Meningitis is broadly referred to as bacterial meningitis or viral meningitis.</p> <p>Essentially, there are two major types of meningitis – viral (caused by a virus) and bacterial (caused by bacteria residing in the throat or nasal passages).</p> <p>The bacterial form of meningitis is extremely dangerous, fast-moving and has the most potential for being fatal.</p> <p>Viral meningitis often has similar early symptoms to bacterial meningitis, but is rarely fatal. There is no vaccine protection against viral meningitis.</p> |
| What is Guillian-Barré Syndrome (GBS) and how is it related to meningococcal vaccination? | <p>GBS is a rare neurological disease characterized by loss of reflexes and temporary paralysis usually beginning in the lower extremities (legs) and moving to the upper extremities (arms). Most patients recover fully, but this can take months.</p> <p>There have been some reports of GBS among adolescents following inoculation with the meningococcal conjugate vaccine. We do know that the incidence of GBS is highest in adolescents, the age group predominantly recommended to receive meningococcal conjugate vaccine. All persons who have become ill with GBS following meningococcal immunization have recovered or are recovering.</p> <p>Currently, there is not sufficient evidence to establish a causal link between vaccination with meningococcal conjugate vaccine and GBS, and health officials continue to recommend immunization for all recommended groups of adolescents and adults.</p> |